52 East Crescentville Road Suite E Cincinnati, Ohio 45246

27th. Annual Event<br>Cowan Lake State Park 7379 State<br>Route 730, Wilmington Ohio

## Just North of Cincinnati <br> Sat. May 18th \& Sun. May 19th. Volunteer Registration Form [romemertuseseneole

## Volunteers Needed 7:00AM to approximately 2:00 PM

(Event 8AM-1PM)
I am hereby volunteering for:
Saturday $\square$ Sunday $\square$
VolunteerName: $\qquad$ Print MinorVolunteerName(s): $\qquad$ (Age) $\qquad$ Print

Other minors Name(s) \& Age fill in below
Volunteer Name: $\qquad$ Print

Street: $\qquad$
City: $\qquad$ State: $\qquad$ Zip: $\qquad$
List the Organization you're representing/affiliated with (if any) $\qquad$
$\begin{array}{llll}\text { Are you a Veteran of Military Service? } & \text { Please circle/check } & \square & \square \\ \text { HES } & \text { or } \quad \square \\ \text { How many years have you volunteered for FHNB? } & \square & \square & \square\end{array}$
Primary Phone: $\qquad$ Type $\qquad$ Alternate Phone: $\qquad$ Type $\qquad$

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## VOLUNTEER OPPORTUNITIES - CHECK area(s) of interest

| Adaptive Equipment $\square$ Participant Registration $\square$ Volunteer Registration $\square$ Food Prep/Servers $\square$ Fundraising/Grants Release ofClaims: $\square$ Packup and Cleanup Site $\square$ Will help day or two after event with prep for next year (This is done in Springdale OH.) <br> Inacceptance ofmy participation in the FHNBFishing Eventat Cowan LakeState Park, I releaseFHNB, Inc. and the GreaterCincinnatiChapter of Hamilton Country as wellas the eventlocation of Cowan Lake StateParkincludingthe Park Marina and all respective agents and employees and all others connected with the event, from liability or claims forany injury to body orproperty or illness sustained duringmy participation in theevent. Iunderstand thisrelease appliesto me, heirs, and anyone in participation withme. lam capable of participating in thisfishing eventfor individuals with disabilities, recognize thatriskof injury may accompany such participation, and acknowledge this release is being relied upon by the GreaterCincinnatiChapterand FHNB, Inc. in permittingme to participate. I grantfull permission toanyand all related during the event to use any photographs, movies, recordings and otherrecords of this event, without compensation. |
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(Note:No nonprescription,illegaldrugsoralcohol allowedat thisevent!)

Volunteer
Signature $\qquad$ Date: $\qquad$
Volunteer
Signature $\qquad$ Date: $\qquad$
VolunteerMinor(s)Approval
Signature $\qquad$ Date: $\qquad$

> (Parent or Guardian (Required for those under age 18)

For questions email us at volunteer@fhnbcinti.com


[^0]:    E-Mail(s):

